

County: Outagamie  
ANNA JOHN NURSING HOME  
PO BOX 365

Facility ID: 6660

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ONEIDA 54155 Phone: (920) 869-2797  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/00): 48  
Total Licensed Bed Capacity (12/31/00): 48  
Number of Residents on 12/31/00: 25

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? No  
Average Daily Census: 27

Other Nonprofit  
Skilled  
No  
No  
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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	24.0
Supp. Home Care-Personal Care	No					1 - 4 Years	48.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.0	More Than 4 Years	28.0
Day Services	No	Mental Illness (Org./Psy)	24.0	65 - 74	4.0		
Respite Care	No	Mental Illness (Other)	4.0	75 - 84	20.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	56.0	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	4.0			Nursing Staff per 100 Residents	
Home Delivered Meals	Yes	Fractures	4.0		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	8.0	65 & Over	92.0		
Transportation	No	Cerebrovascular	4.0			RNs	15.1
Referral Service	No	Diabetes	24.0	Sex	%	LPNs	18.2
Other Services	No	Respiratory	0.0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	28.0	Male	16.0	Aides & Orderlies	
Mentally Ill	No			Female	84.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Managed Care			Percent Of All Residents	
Level of Care	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	0	0.0	\$0.00	17	73.9	\$125.45	0	0.0	\$0.00	2	100.0	\$125.45	0	0.0	\$0.00	19	76.0%
Intermediate	---	---	---	6	26.1	\$104.43	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	6	24.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		23	100.0		0	0.0		2	100.0		0	0.0		25	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	4.8	Bathing	24.0	44.0	32.0	25
Private Home/With Home Health	14.3	Dressing	32.0	44.0	24.0	25
Other Nursing Homes	23.8	Transferring	60.0	36.0	4.0	25
Acute Care Hospitals	57.1	Toilet Use	48.0	48.0	4.0	25
Psych. Hosp. -MR/DD Facilities	0.0	Eating	84.0	16.0	0.0	25
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0	Continence		%	Special Treatments	%
Total Number of Admissions	21	Indwelling Or External Catheter	4.0		Receiving Respiratory Care	4.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	68.0		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	30.4	Occ/Freq. Incontinent of Bowel	40.0		Receiving Suctioning	0.0
Private Home/With Home Health	13.0	Mobility			Receiving Ostomy Care	4.0
Other Nursing Homes	0.0	Physically Restrained	0.0		Receiving Tube Feeding	0.0
Acute Care Hospitals	21.7				Receiving Mechanically Altered Diets	16.0
Psych. Hosp. -MR/DD Facilities	0.0	Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	0.0	With Pressure Sores	8.0		Have Advance Directives	100.0
Other Locations	0.0	With Rashes	28.0		Medications	
Deaths	34.8				Receiving Psychoactive Drugs	48.0
Total Number of Discharges					*****	
(Including Deaths)	23					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	Under 50	Ratio	Peer Group	Ratio	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	56.3	87.8	0.64	87.9	0.64	84.1	0.67	84.5	0.67
Current Residents from In-County	20.0	82.6	0.24	72.9	0.27	83.5	0.24	77.5	0.26
Admissions from In-County, Still Residing	4.8	25.9	0.18	31.0	0.15	22.9	0.21	21.5	0.22
Admissions/Average Daily Census	77.8	116.8	0.67	70.7	1.10	134.3	0.58	124.3	0.63
Discharges/Average Daily Census	85.2	117.3	0.73	76.4	1.11	135.6	0.63	126.1	0.68
Discharges To Private Residence/Average Daily Census	37.0	43.9	0.84	14.6	2.53	53.6	0.69	49.9	0.74
Residents Receiving Skilled Care	76.0	91.3	0.83	86.1	0.88	90.1	0.84	83.3	0.91
Residents Aged 65 and Older	92.0	97.1	0.95	97.8	0.94	92.7	0.99	87.7	1.05
Title 19 (Medicaid) Funded Residents	92.0	56.2	1.64	59.8	1.54	63.5	1.45	69.0	1.33
Private Pay Funded Residents	8.0	37.5	0.21	37.1	0.22	27.0	0.30	22.6	0.35
Developmentally Disabled Residents	0.0	0.6	0.00	1.4	0.00	1.3	0.00	7.6	0.00
Mentally Ill Residents	28.0	36.3	0.77	36.6	0.77	37.3	0.75	33.3	0.84
General Medical Service Residents	28.0	21.1	1.33	13.0	2.15	19.2	1.46	18.4	1.52
Impaired ADL (Mean)	32.8	50.8	0.65	50.6	0.65	49.7	0.66	49.4	0.66
Psychological Problems	48.0	50.0	0.96	63.4	0.76	50.7	0.95	50.1	0.96
Nursing Care Required (Mean)	7.5	6.8	1.10	8.0	0.93	6.4	1.16	7.2	1.05